

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2008 JAN 25 AM 9:58

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR MIKE MATSON

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

MIKE MATSON

Political Party (if applicable)

Office Sought

DAVENPORT ALDERMAN

District (if Senate or House)

8TH WARD

FORM
DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Thomas Day

SIGNATURE OF PERSON FILING REPORT

(503) 386-7472

TELEPHONE

1/22/08

DATE SIGNED

I AM FILING A

12-31-07

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

11-6-07

County & Local Committees, enter County in
which Election is held

Scott

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

797.43

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1100.59

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

1898.02

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

74.02

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

1824.00

**UNPAID BILLS (From Schedule D - Attach Schedule D)

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR MIKE MATSON

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/29/07	ID# 8098 CK# 1121	THE CITIES BUILDING TRADES PAC 4602 46TH AVE ROCK ISLAND, IL 61201		\$ 100.00	<input type="checkbox"/>
	ID# 8262 CK# 1901	IRONWORKERS LOCAL 111 PAC 8000 29TH ST W ROCK ISLAND, IL 61201		200.00	<input type="checkbox"/>
	ID# CK#	TOM ENGELMANN 4552 MAIN DAV IA 52804		150.00	<input type="checkbox"/>
10/30/07	ID# 8030 CK# 2674	ELECTRICAL WORKERS LV145 PAC 1700 52ND AVE MOLINE, IL 61245		100.00	<input type="checkbox"/>
	ID# CK#	JOE GREEN 1041 W 5TH DAV IA 52804		50.00	<input type="checkbox"/>
	ID# CK#	ROBERT SCHWARTZ 2400 E PLEASANT DAV IA 52803		50.00	<input type="checkbox"/>
	ID# CK#	CATHY BERTA 1840 W 59TH S DAV IA 52804		25.00	<input type="checkbox"/>
	ID# CK#	BOB McGUIVER 3291 E 58TH CT DAV IA 52807		50.00	<input type="checkbox"/>
11/1/07	ID# CK# 1220	OPERATIVE PLASTERERS + CEANWT MASONS PAC 400 NE JEFFERSON PEORIA, IL 61603		50.00	<input type="checkbox"/>
	ID# CK# 3956	LOCAL 150-I.O.O.F PAC 6200 JOLLET RD COUNTRYSIDE, IL 60575		100.00	<input type="checkbox"/>

SUB-TOTAL

\$875.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR MIKE MATSON

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11/1/07	ID# CK# 1074	TAXPAYERS UNITED 219 S KENSINGTON S RIVERDALE, IA 52722		\$ 25.00	<input type="checkbox"/>
1	ID# CK#	MIKE BYRNE 4465 SPRING TDAV IA 52807		100.00	<input type="checkbox"/>
11/7/07	ID# CK# 1075	PLUMBERS & PIPEFITTERS LU25 PAC 4600 46TH AVE ROCK ISLAND, IL 61201		100.00	<input type="checkbox"/>
11/30/07	ID# CK#	ASCENIRA CREDIT UNION P.O. Box 1107 BETTERDORF, IA 52722	INTEREST ON SAVINGS	.15	<input type="checkbox"/>
12/31/07	ID# CK#	" " "	"	.44	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$225.59

TOTAL (if last page of this schedule)

\$1100.59

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Page 2 of 2
(for Schedule A)

EXPENDITURES

[illegible]

SUB-TOTAL	74.02
TOTAL(if last page of this schedule)	74.02